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☐ 1: Acta Otorhinolaryngol Ital. 1989 Mar-Apr;9(2):131-8.

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[Transtacheal oxygen therapy with oxycath: introduction technic, complications, results in 12 treated patients]

[Article in Italian]

Migliorini V, Cannizzaro GF, Pavarin MC, Zanolli P, Pivrotto F, Pesce L.

Continuous oxygen therapy is essential in the treatment of advanced chronic obstructive pulmonary disease (COPD). A transtacheal oxygen administration system is more effective in the rehabilitation of these patients than are traditional systems, nasal cannula or Venturi mask devices. In the present work the authors describe a simple technique for introducing the transtacheal catheter. The procedure is performed under local anesthesia and a Teflon catheter is inserted between the second and third tracheal rings. In a case study of 12 patients the complications encountered included purulent drainage of the skin tract and accidental displacement of the transtacheal catheter. No procedure related deaths were incurred. Subjectively, the patients experience a sensation of being able to breathe more easily, thus resulting in increased outdoor activity.

PMID: 2763840 [PubMed - indexed for MEDLINE]

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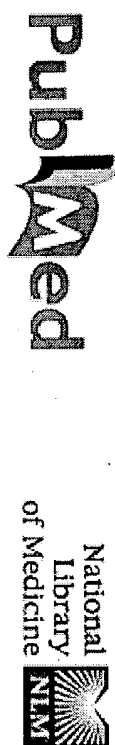
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☐ 1: Chest. 1989 May;95(5):1008-12.

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Heimlich HJ, Carr GC.

Heimlich Institute at Xavier University, Cincinnati 45207-1096.

Over a six-year period, 200 patients requiring long-term oxygen therapy for hypoxemic lung disease underwent insertion of the micro-trach transtracheal catheter and were evaluated for one to seven years. The catheter requires no removal for cleaning; it is designed to function undisturbed within the trachea for six months between replacements. Transtracheal oxygen delivery and saline instillation were instituted immediately after inserting the device. Oxygen administration at a rate of 0.25 to 3 L/min was equivalent to 1 to 8 L/min delivered nasally. By the end of one year of follow-up, 12.5 percent of patients had dropped out of the study. Most patients comply with prescribed 24-hour-a-day oxygen use; in keeping with the NOTT study, life expectancy of emphysema patients may therefore be increased.

PMID: 2495902 [PubMed - indexed for MEDLINE]

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Complications in the use of the subcutaneous tunnelled intratracheal oxygen catheter

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Received 7 February 1995; revised 7 April 1995; accepted 12 April 1995. Available online 1 March 1999.

Abstract

Transtacheal oxygen delivery seems to be a safe procedure in the treatment of **chronic obstructive pulmonary disease (COPD)** with chronic hypoxaemia. Even so, serious complications do occur. Three patients in whom we used a subcutaneous tunnelled intratracheal oxygen catheter (ITO₂C) are described. Surgical intervention was required in all because of complications from the procedure. One of the complications--tracheal and catheter obstruction with stridor and subcutaneous **emphysema** by granulomatous tissue--has to our knowledge not been reported before.

Author Keywords: Transtacheal **oxygen therapy**; Intratracheal **oxygen therapy**;

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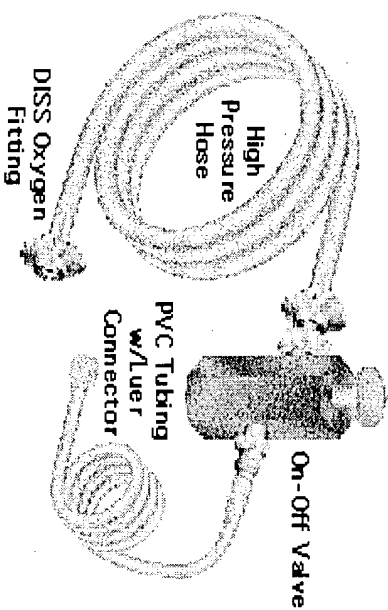
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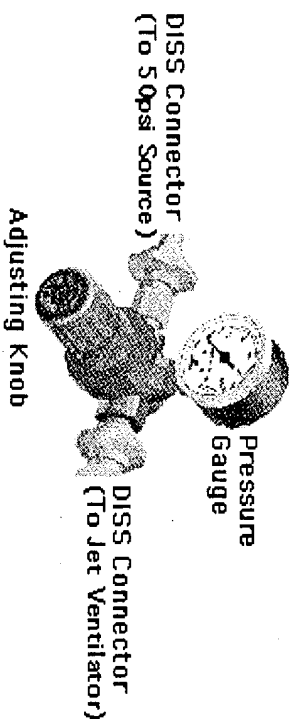


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